

Date/Time Stapublic Records

2017 OCT 19 PM 3: 14

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler:	
Shelb Employing Office/Committee:	
The Perentage Sponsor(s) (List all):	
September 15-17, 2 Travel Date(s):	
Description/Title of Attached Forms:	RE-1 Form; Amended RE-2 Form
· · · · · · · · · · · · · · · · · · ·	
Purpose of Amendment (describe the	Post-travel submission : reason for amending original submission):
must be amended with the Office	

10/19/20/1 (Date) Signature of Traveler)

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Employee Post-Travel	Disclosure of Travel Expenses
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Pate/Time Stamp:
RECEIVED
COLUMN OF THE SENATE

				" ECORDS
Post-Travel Filing Intravel. Submit all form	nstructions: Complet ns to the Office of Pu	te this form within 30 da blic Records in 232 Ha	sys of returning from rt Building.	17 OCT 16 PH 5: 00
In compliance with Rebe reimbursed/paid for	ule 35.2(a) and (c), I in me. I also certify the	make the following discless I have attached:	osures with respect to	travel expenses that have been or w
The <u>original</u> Employed A copy of the Priva	oyee Pre-Travel Authorsel Care Sponsor Travel Ca	orization (Form RE-1), pertification Form with al	AND	ma implementing one b
_		w Maritalo		
Travel date(s): SUP				<u> </u>
Name of accompanyin Relationship to Travel	ig family member (if it er: 🗹 Spouse	child Desley By	ritt	
IF THE COST OF LODE INCLUDE LODGING OF Expenses for Employ	TOSTS IN EMPLOYEE	LEASE DUE TO THE ACC EXPENSES. (Attach addi	COMPANYING SPOU tional pages if necessar	SE OR DEPENDENT CHILD, ONLY
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
Good Faith Estimate Actual Amount	\$76.91	\$ 286.00	\$112.00	· M/A
Expenses for Accomp	anying Spouse or D	ependent Child (if applic	able):	
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate		•		
☐ Actual Amount				
Provide a description necessary.): Sel	_	vents attended. See Senai	te Rule 35.2(c)(6). (A	Attach additional pages if
		- -	<u> </u>	
10 S (Date)	Katie Boy	Britt name of iraveler)	<u> </u>	(Signature of traveler)
TO BE COMPLETED	D BY SUPERVISING	MEMBER/OFFICER:		- T

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

(Date)
(Revised 1/3/11)

(Signature of Supervising Senator/Qficer)

Form RE-2

Form RE-1

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler:	Katie Boyd Britt				
Employing Office/Committee:	Senator Richard Shelby				
The Pew Charitable Private Sponsor(s) (list all):	e Trusts				
September 23, 2017 - Septem Travel date(s):	ber 25, 2017				
Note: If you plan to extend the trip for any	reason you <u>must</u> notify the Committee.				
Destination(s): Richmond, VA	<u></u>				
Explain how this trip is specifically connected to the	e traveler's official or representational duties:				
leadership and on how to better serve no	with other cheifs of staff to promote discussions on on on on the United States. Additionally, this it will better communication between cheifs of staff in the				
Name of accompanying family member (if any): Relationship to Employee: Spouse Child					
	is true, complete and correct to the best of my knowledge: $ \mathcal{N} \rightarrow \mathcal{N} \rightarrow \mathcal{N} \rightarrow \mathcal{N} \rightarrow \mathcal{N} $				
8 24 2017 (Date)	Katti Boyd Britt (Signature of Employee)				
TO BE COMPLETED BY SUPERVISING SENATOR Secretary for the Majority, Secretary for the Minority, a	/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, and Chanlain):				
Senator Shelby	Katie Boyd Britt				
(Print Senator's/Officer's Name)	hereby authorize (Print Traveler's Name)				
related expenses for travel to the event described a	t payment or reimbursement for necessary transportation, lodging, and bove. I have determined that this travel is in connection with his or her I will not create the appearance that he or she is using public office for				
I have also determined that the attendance of the end of the Senate. (signify "yes" by checking box)	mployee's spouse or child is appropriate to assist in the representation				
8/24/2017	Western Annes				
(<i>Late</i>) (Revised 10/19:15)	(Signature of Supervising Senator/Officer) Form RE-				